



**Jurisdiction:**

**CFDA No.:**

(Law Enforcement Terrorism Prevention; Equipment; Planning, Training, Exercise; Regional Response; CCP; Lead; Personnel; M&A; etc.)

**I declare and affirm under the penalties of perjury that this claim has been examined by me, and to the best of my knowledge and belief, is in all things true and correct.**

Date:

**A separate form must be submitted for each grant and year. Please attach all required documentation and mail to:**  
SD Department of Public Safety  
Office of Homeland Security  
118 W Capitol Ave  
Pierre, SD 57501